



Monthly Implementation Log

Due Date: 12/1/08

Michigan Model for Health®

Grade One

Teacher: _____

School Name: _____

Print Name

Email Address _____

County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month.

Social and Emotional Health

	Lesson	When Completed	Office Use Only
1	<i>Predicting how People Will Feel</i>		
2	<i>Asking Others How They Feel</i>		
3	<i>Showing Courtesy to Others</i>		
4	<i>Appreciating Other People</i>		
5	<i>Helping our Friends and Family</i>		
6	<i>Building Friendships by Listening</i>		
7	<i>Three Steps to Solving Problems and Making Decisions</i>		
8	<i>Practicing the WIN Steps</i>		

Nutrition and Physical Activity

	Lesson	When Completed	Office Use Only
1	<i>Food Group Fun</i>		
2	<i>Making Healthy Snack Choices</i>		
3	<i>Physical Activity, Rest, and Sleep</i>		

Safety

	Lesson	When Completed	Office Use Only
1	Safety on Wheels		
2	The Dangers of Fire		
3	Applying What We Know to Prevent Fires and Burns		
4	Staying Safe in a Fire Emergency		
5	The Three D's for Telling		
6	Calling 911		
7	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	When Completed	Office Use Only
1	Using Medicines Safely		
2	<i>Household Poisons</i>		
3	Nasty Nicotine		

Personal Health and Wellness

	Lesson	When Completed	Office Use Only
1	<i>Stop That Sneeze</i>		
2	<i>Washing Hands the Right Way</i>		
3	Preventing Tooth Decay		

Teacher Signature (BLUE INK): _____

Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____

Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING NUTRITION OUTSIDE THE ABOVE LESSONS

I communicated with students, Parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Due Date: 1/5/09

Michigan Model for Health®

Grade One

Teacher: _____

School Name: _____

Print Name

Email Address _____

County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month.

Social and Emotional Health

	Lesson	When Completed	Office Use Only
1	<i>Predicting how People Will Feel</i>		
2	<i>Asking Others How They Feel</i>		
3	<i>Showing Courtesy to Others</i>		
4	<i>Appreciating Other People</i>		
5	<i>Helping our Friends and Family</i>		
6	<i>Building Friendships by Listening</i>		
7	<i>Three Steps to Solving Problems and Making Decisions</i>		
8	<i>Practicing the WIN Steps</i>		

Nutrition and Physical Activity

	Lesson	When Completed	Office Use Only
1	<i>Food Group Fun</i>		
2	<i>Making Healthy Snack Choices</i>		
3	<i>Physical Activity, Rest, and Sleep</i>		

Safety

	Lesson	When Completed	Office Use Only
1	Safety on Wheels		
2	The Dangers of Fire		
3	Applying What We Know to Prevent Fires and Burns		
4	Staying Safe in a Fire Emergency		
5	The Three D's for Telling		
6	Calling 911		
7	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	When Completed	Office Use Only
1	Using Medicines Safely		
2	<i>Household Poisons</i>		
3	Nasty Nicotine		

Personal Health and Wellness

	Lesson	When Completed	Office Use Only
1	<i>Stop That Sneeze</i>		
2	<i>Washing Hands the Right Way</i>		
3	Preventing Tooth Decay		

Teacher Signature (BLUE INK): _____

Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____

Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING NUTRITION OUTSIDE THE ABOVE LESSONS

I communicated with students, Parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Due Date: 2/2/09

Michigan Model for Health®
Grade One

Teacher: _____
Print Name

School Name: _____

Email Address _____

County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month.

Social and Emotional Health

	Lesson	When Completed	Office Use Only
1	<i>Predicting how People Will Feel</i>		
2	<i>Asking Others How They Feel</i>		
3	<i>Showing Courtesy to Others</i>		
4	<i>Appreciating Other People</i>		
5	<i>Helping our Friends and Family</i>		
6	<i>Building Friendships by Listening</i>		
7	<i>Three Steps to Solving Problems and Making Decisions</i>		
8	<i>Practicing the WIN Steps</i>		

Nutrition and Physical Activity

	Lesson	When Completed	Office Use Only
1	<i>Food Group Fun</i>		
2	<i>Making Healthy Snack Choices</i>		
3	<i>Physical Activity, Rest, and Sleep</i>		

Safety

	Lesson	When Completed	Office Use Only
1	Safety on Wheels		
2	The Dangers of Fire		
3	Applying What We Know to Prevent Fires and Burns		
4	Staying Safe in a Fire Emergency		
5	The Three D's for Telling		
6	Calling 911		
7	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	When Completed	Office Use Only
1	Using Medicines Safely		
2	<i>Household Poisons</i>		
3	Nasty Nicotine		

Personal Health and Wellness

	Lesson	When Completed	Office Use Only
1	<i>Stop That Sneeze</i>		
2	<i>Washing Hands the Right Way</i>		
3	Preventing Tooth Decay		

Teacher Signature (BLUE INK): _____

Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____

Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING NUTRITION OUTSIDE THE ABOVE LESSONS

I communicated with students, Parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Due Date: 3/2/09

Michigan Model for Health®

Grade One

Teacher: _____

School Name: _____

Print Name

Email Address _____

County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month.

Social and Emotional Health

	Lesson	When Completed	Office Use Only
1	<i>Predicting how People Will Feel</i>		
2	<i>Asking Others How They Feel</i>		
3	<i>Showing Courtesy to Others</i>		
4	<i>Appreciating Other People</i>		
5	<i>Helping our Friends and Family</i>		
6	<i>Building Friendships by Listening</i>		
7	<i>Three Steps to Solving Problems and Making Decisions</i>		
8	<i>Practicing the WIN Steps</i>		

Nutrition and Physical Activity

	Lesson	When Completed	Office Use Only
1	<i>Food Group Fun</i>		
2	<i>Making Healthy Snack Choices</i>		
3	<i>Physical Activity, Rest, and Sleep</i>		

Safety

	Lesson	When Completed	Office Use Only
1	Safety on Wheels		
2	The Dangers of Fire		
3	Applying What We Know to Prevent Fires and Burns		
4	Staying Safe in a Fire Emergency		
5	The Three D's for Telling		
6	Calling 911		
7	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	When Completed	Office Use Only
1	Using Medicines Safely		
2	<i>Household Poisons</i>		
3	Nasty Nicotine		

Personal Health and Wellness

	Lesson	When Completed	Office Use Only
1	<i>Stop That Sneeze</i>		
2	<i>Washing Hands the Right Way</i>		
3	Preventing Tooth Decay		

Teacher Signature (BLUE INK): _____

Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____

Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING NUTRITION OUTSIDE THE ABOVE LESSONS

I communicated with students, Parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Due Date: 4/6/09

Michigan Model for Health®

Grade One

Teacher: _____

School Name: _____

Print Name

Email Address _____

County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month.

Social and Emotional Health

	Lesson	When Completed	Office Use Only
1	<i>Predicting how People Will Feel</i>		
2	<i>Asking Others How They Feel</i>		
3	<i>Showing Courtesy to Others</i>		
4	<i>Appreciating Other People</i>		
5	<i>Helping our Friends and Family</i>		
6	<i>Building Friendships by Listening</i>		
7	<i>Three Steps to Solving Problems and Making Decisions</i>		
8	<i>Practicing the WIN Steps</i>		

Nutrition and Physical Activity

	Lesson	When Completed	Office Use Only
1	<i>Food Group Fun</i>		
2	<i>Making Healthy Snack Choices</i>		
3	<i>Physical Activity, Rest, and Sleep</i>		

Safety

	Lesson	When Completed	Office Use Only
1	Safety on Wheels		
2	The Dangers of Fire		
3	Applying What We Know to Prevent Fires and Burns		
4	Staying Safe in a Fire Emergency		
5	The Three D's for Telling		
6	Calling 911		
7	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	When Completed	Office Use Only
1	Using Medicines Safely		
2	<i>Household Poisons</i>		
3	Nasty Nicotine		

Personal Health and Wellness

	Lesson	When Completed	Office Use Only
1	<i>Stop That Sneeze</i>		
2	<i>Washing Hands the Right Way</i>		
3	Preventing Tooth Decay		

Teacher Signature (BLUE INK): _____

Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____

Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING NUTRITION OUTSIDE THE ABOVE LESSONS

I communicated with students, Parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Due Date: 5/4/09

Michigan Model for Health®
Grade One

Teacher: _____

School Name: _____

Print Name

Email Address _____

County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month

Social and Emotional Health

	Lesson	When Completed	Office Use Only
1	<i>Predicting how People Will Feel</i>		
2	<i>Asking Others How They Feel</i>		
3	<i>Showing Courtesy to Others</i>		
4	<i>Appreciating Other People</i>		
5	<i>Helping our Friends and Family</i>		
6	<i>Building Friendships by Listening</i>		
7	<i>Three Steps to Solving Problems and Making Decisions</i>		
8	<i>Practicing the WIN Steps</i>		

Nutrition and Physical Activity

	Lesson	When Completed	Office Use Only
1	<i>Food Group Fun</i>		
2	<i>Making Healthy Snack Choices</i>		
3	<i>Physical Activity, Rest, and Sleep</i>		

Safety

	Lesson	When Completed	Office Use Only
1	Safety on Wheels		
2	The Dangers of Fire		
3	Applying What We Know to Prevent Fires and Burns		
4	Staying Safe in a Fire Emergency		
5	The Three D's for Telling		
6	Calling 911		
7	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	When Completed	Office Use Only
1	Using Medicines Safely		
2	<i>Household Poisons</i>		
3	Nasty Nicotine		

Personal Health and Wellness

	Lesson	When Completed	Office Use Only
1	<i>Stop That Sneeze</i>		
2	<i>Washing Hands the Right Way</i>		
3	Preventing Tooth Decay		

Teacher Signature (BLUE INK): _____

Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____

Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING NUTRITION OUTSIDE THE ABOVE LESSONS

I communicated with students, Parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Due Date: 6/1/09

Michigan Model for Health®

Grade One

Teacher: _____

School Name: _____

Print Name

Email Address _____

County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month

Social and Emotional Health

	Lesson	When Completed	Office Use Only
1	<i>Predicting how People Will Feel</i>		
2	<i>Asking Others How They Feel</i>		
3	<i>Showing Courtesy to Others</i>		
4	<i>Appreciating Other People</i>		
5	<i>Helping our Friends and Family</i>		
6	<i>Building Friendships by Listening</i>		
7	<i>Three Steps to Solving Problems and Making Decisions</i>		
8	<i>Practicing the WIN Steps</i>		

Nutrition and Physical Activity

	Lesson	When Completed	Office Use Only
1	<i>Food Group Fun</i>		
2	<i>Making Healthy Snack Choices</i>		
3	<i>Physical Activity, Rest, and Sleep</i>		

Safety

	Lesson	When Completed	Office Use Only
1	Safety on Wheels		
2	The Dangers of Fire		
3	Applying What We Know to Prevent Fires and Burns		
4	Staying Safe in a Fire Emergency		
5	The Three D's for Telling		
6	Calling 911		
7	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	When Completed	Office Use Only
1	Using Medicines Safely		
2	<i>Household Poisons</i>		
3	Nasty Nicotine		

Personal Health and Wellness

	Lesson	When Completed	Office Use Only
1	<i>Stop That Sneeze</i>		
2	<i>Washing Hands the Right Way</i>		
3	Preventing Tooth Decay		

Teacher Signature (BLUE INK): _____

Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____

Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING NUTRITION OUTSIDE THE ABOVE LESSONS

I communicated with students, Parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Due Date: 7/6/09

Michigan Model for Health®

Grade One

Teacher: _____

School Name: _____

Print Name

Email Address _____

County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month

Social and Emotional Health

	Lesson	When Completed	Office Use Only
1	<i>Predicting how People Will Feel</i>		
2	<i>Asking Others How They Feel</i>		
3	<i>Showing Courtesy to Others</i>		
4	<i>Appreciating Other People</i>		
5	<i>Helping our Friends and Family</i>		
6	<i>Building Friendships by Listening</i>		
7	<i>Three Steps to Solving Problems and Making Decisions</i>		
8	<i>Practicing the WIN Steps</i>		

Nutrition and Physical Activity

	Lesson	When Completed	Office Use Only
1	<i>Food Group Fun</i>		
2	<i>Making Healthy Snack Choices</i>		
3	<i>Physical Activity, Rest, and Sleep</i>		

Safety

	Lesson	When Completed	Office Use Only
1	Safety on Wheels		
2	The Dangers of Fire		
3	Applying What We Know to Prevent Fires and Burns		
4	Staying Safe in a Fire Emergency		
5	The Three D's for Telling		
6	Calling 911		
7	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	When Completed	Office Use Only
1	Using Medicines Safely		
2	<i>Household Poisons</i>		
3	Nasty Nicotine		

Personal Health and Wellness

	Lesson	When Completed	Office Use Only
1	<i>Stop That Sneeze</i>		
2	<i>Washing Hands the Right Way</i>		
3	Preventing Tooth Decay		

Teacher Signature (BLUE INK): _____

Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____

Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING NUTRITION OUTSIDE THE ABOVE LESSONS

I communicated with students, Parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours



Monthly Implementation Log

Michigan Model for Health®
Grade One

Due Date: 10/5/09

Teacher: _____
Print Name

School Name: _____

Email Address _____

County: _____

Instructions: Please place an X in the box next to the name of the Michigan Model lesson you taught this month.

Social and Emotional Health

	Lesson	When Completed	Office Use Only
1	<i>Predicting how People Will Feel</i>		
2	<i>Asking Others How They Feel</i>		
3	<i>Showing Courtesy to Others</i>		
4	<i>Appreciating Other People</i>		
5	<i>Helping our Friends and Family</i>		
6	<i>Building Friendships by Listening</i>		
7	<i>Three Steps to Solving Problems and Making Decisions</i>		
8	<i>Practicing the WIN Steps</i>		

Nutrition and Physical Activity

	Lesson	When Completed	Office Use Only
1	<i>Food Group Fun</i>		
2	<i>Making Healthy Snack Choices</i>		
3	<i>Physical Activity, Rest, and Sleep</i>		

Safety

	Lesson	When Completed	Office Use Only
1	Safety on Wheels		
2	The Dangers of Fire		
3	Applying What We Know to Prevent Fires and Burns		
4	Staying Safe in a Fire Emergency		
5	The Three D's for Telling		
6	Calling 911		
7	Staying Personally Safe		

Alcohol, Tobacco, and Other Drugs

	Lesson	When Completed	Office Use Only
1	Using Medicines Safely		
2	<i>Household Poisons</i>		
3	Nasty Nicotine		

Personal Health and Wellness

	Lesson	When Completed	Office Use Only
1	<i>Stop That Sneeze</i>		
2	<i>Washing Hands the Right Way</i>		
3	Preventing Tooth Decay		

Teacher Signature (BLUE INK): _____

Date (BLUE INK): _____

Supervisor Signature (BLUE INK): _____

Date (BLUE INK): _____

ADDITIONAL TIME SPENT TEACHING NUTRITION OUTSIDE THE ABOVE LESSONS

I communicated with students, Parents or colleagues about physical activity or healthy eating/nutrition for a total of _____ hours